PTO/SB/22 (10-00)

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| PETITION FOR EXTER | ISION OF TIME UNDER 37 CF | FR 1.136(a) | | |
|--|--|---|------|--|
| OIPE | . In re Application of Alle | In re Application of Allen | | |
| | Application Number 0 | 9/511,777 Filed 02/24/2000 | | |
| JUL 0 9 2003 | For: Encoding Addresse | For: Encoding Addresses in a Communication System | | |
| This is a request under the provi | Group Art Unit 2143 | Examiner RECEIVED |) | |
| This is a request under the proving reply in the above identified apple. | sions of 37 CFR 1.136(a) to extendication. | d the period for filing a JUL 1 0 2003 | } | |
| The requested extension and ap (check time period desired): | propriate non-small-entity fee are a | as follows Technology Center | 2100 | |
| One month (37 CF | R 1.17(a)(1)) | \$ 110.00 | | |
| Two months (37 CFR 1.17(a)(2)) | | \$ 410.00 | | |
| Three months (37 CFR 1.17(a)(3)) | | \$ 940.00 | | |
| Four months (37 CFR 1.17(a)(4)) | | \$ 1,470.00 | | |
| Five months (37 C | | \$ 2,000.00 | | |
| · - | entity status. See 37 CFR 1.27. Th | | | |
| | e-half, and the resulting fee is: \$ | | | |
| A check in the amount of | | | | |
| Payment by credit card. | Form PTO-2038 is attached. | | | |
| The Commissioner has application to a Deposit | already been authorized to charge | fees in this | | |
| | ereby authorized to charge any fees | s which may be required | | |
| | ent, to Deposit Account Number 502 | | | |
| I am the applicant/invent | | | | |
| | ord of the entire interest. See 37 C | | | |
| | ent under 37 CFR 3.73(b) is enclos | ed. (Form PTO/SB/96). | | |
| X attorney or age | | | | |
| | nt under 37 CFR 1.34(a). on number if acting under 37 CFR 1.34(a) | · | | |
| | | Credit card information should not and authorization on PTO-2038. | | |
| 7/2/2 | | I me H | | |
| | _ | Signature Signature | | |
| | _ | Lindsay G. McGuinness, Reg. No. 38,5 | 49 | |
| NOTE: Signatures of all the inventors of | r assignees of record of the entire interest of | Typed or printed name of their representative(s) are required. Submit multiple | | |
| forms if more than one signature is requ | | or area representative(s) are required. Submit multiple | | |
| Total of forms | are submitted. | | 7 | |

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